OFFICE OF THE PRINCIPAL::TINSUKIA COLLEGE::TINSUKIA

DECLARATION FORM

(For Fees Waiver Scheme 2026-2027)

I,_____,Son/Daugher of_____

a resident of_____ hereby declare that neither my parents(father or mother) nor supporting guardian in an employee of State/Central Govt. department or its undertakings.

I understand that if this declaration is found to be false, my admission is liable to be cancelled or I will have to pay the full course fees.

Date_____

_____

Signature of the Student

Contact No._____

_____

Signature of Parent

Contact No._____

Office use

Stamp